

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056555

FILED
Jan 21, 2008
Secretary of State

Entity Name: ST. PETERSBURG ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

1099 FIFTH AVENUE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 FIFTH AVENUE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-3046109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS B
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: DESAI, CHETAN MD
Address: 3901 66TH ST. NO. #201
City-St-Zip: ST.PETERSBURG, FL 33710

Title: VICE () Delete
Name: GLAMOUR, TEJINDER MD
Address: 6225 66TH ST. NO.
City-St-Zip: PINELLAS PARK, FL 33710

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHETAN DESAI, M.D.

PRES

01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date